

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 13.09(b): Frequently Asked Questions on Uniform Assessment System for New York

Date of Issuance: December 10, 2013

The purpose of this document is to present the responses to questions raised by Managed Long Term Care (MLTC) Plans concerning the use and implementation of the Uniform Assessment System for New York (UAS-NY).

- 1. Is it permissible for an MLTC Plan to have the nurse complete the 22 items to calculate the Nursing Facility Level of Care in order to determine if the individual meets the initial eligibility for one of the MLTC products? If the individual scores below a 5, the individual would not be assessed using the full UAS-NY Community Assessment.**

No. All MLTC Plans (Partial Capitation, PACE and MAP) are required to conduct the full UAS-NY Community Assessment. The purpose of this tool, in use across all long term care programs and provider types, is to obtain consistent information related to Medicaid recipient care needs. The Department of Health will use this information to effectively inform future community based long term care policy for its entire population. Additionally, this assessment will be used by MLTC Plans to demonstrate reasons for denial of enrollment at Fair Hearings and as such will need to present a clear and consistent representation of the Medicaid recipient's total health care needs to justify their action.

It is important to note that the Nursing Facility Level of Care is not a determining factor for all Partial Capitation MLTC eligibility. Please refer to the MLTC contract for the full eligibility criteria.

- 2. The Plan conducted an initial assessment on August 20 for a person to be enrolled October 1. Is the six-month reassessment date based on the date of the assessment or based on the enrollment date?**

The reassessment date is calculated based on the date of assessment not on the date of enrollment. Reassessments must be conducted every six-months or following a significant change in condition.

- 3. One of our Long Term Home Health Care Program (LTHHCP) providers was told that DOH is expecting the LTHHCP providers complete a UAS-NY Community Assessment every 180 days for patients they are servicing who are enrolled in a Managed Long Term Care (MLTC) Plan in addition to the MLTC conducting its own UAS-NY Community Assessment on its patients. Is this correct?**

No. Once an individual is transitioned to an MLTC Plan, the individual becomes a member of the MLTC Plan. The Plan must adhere to its regulatory requirements for assessments.

- 4. If assessments are done to determine eligibility for MLTC, if the person is not eligible (or goes to another plan), who pays for the assessment?**

The cost for conducting assessments is embedded in the administrative capitation rates.

- 5. Section A: Intake/History includes a question “is there a physician’s order?” with the potential responses of no selection, no, and yes. This is a required item that must be completed (either no or yes) before each assessment is signed, finalized, and locked.**

For a new enrollment, the MLTC Plan currently uses the responses to the SAAM to produce a doctor’s order. This order is then sent to the physician for review and, if appropriate, signature. This process takes between 15 and 30 days.

When the assessment is initially conducted, the response to “is there a physician’s order” will be “no”.

- a. Is the Plan permitted to enroll the individual if there is no physician order?**

Yes. A physician order is not required for enrollment.

- b. Should the Plan wait to finalize the assessment pending receipt of the signed physician order?**

No. The UAS-NY Community Assessment should be finalized on the day of the assessment or within a few days of the home visit. If there is no physician’s order at the time of the assessment, the assessor will record a “no” response to the “is there a physician’s order” item. The assessor will use the comment field to indicate that the assessor is working to secure a physician’s order.

Upon receipt of the signed physician’s order, it is not necessary to unlock the assessment to update the “is there a physician’s order” item. At the time of reassessment, the assessor will record a “yes” response to the “is there a physician’s order” item.

- 6. Currently, when a referral is received the UAS-NY Community Assessment is completed within 30 days of the referral. If the enrollment is deferred for various reasons past 42 days, is a reassessment required before enrollment? How long is a UAS-NY assessment “valid” for before enrollment?**

Managed Long Term Care (MLTC) Plans are required to conduct a UAS-NY Community Assessment prior to enrollment and every six months or sooner if there is a significant change in condition. In certain cases, an individual may not be enrolled in an MLTC Plan within 30 days from the date of the assessment. In these situations, the MLTC Plan must review the UAS-NY Community Assessment with the applicant and verify the information is unchanged.

- If there are no changes, the MLTC Plan will document this review by logging into the UAS-NY and signing the completed assessment as a “reviewer or consulting participant.”
- If changes in patient condition are noted that would affect care planning and the delivery of services, the MLTC Plan will conduct a new UAS-NY Community Assessment.

If the individual does not enroll in an MLTC Plan within six months of the assessment, a new UAS-NY Community Assessment must be completed.

7. In the UAS-NY Community Assessment, Intake/History, should the reason for a deferred assessment be entered as routine or return?

As stated in the MLTC Policy 13.09 dated April 26, 2013, the UAS-NY does not have the option to indicate that a reassessment was deferred. If a reassessment is completed in variance to MLTC policy rules (within the month the reassessment is due), the member's record should indicate the reason for the late reassessment. The nurse should record these comments in the "Sign/Finalize" section of the UAS-NY.

The reason used for the assessment must follow the definitions included in the UAS-NY Community Assessment Reference Manual.

Routine reassessment – A regularly scheduled follow-up assessment to ensure that the care/service plan is appropriate and current.

Return assessment — An assessment conducted when the person returns from the hospital or otherwise re-enters the same organization after a discharge or disenrollment.

8. For our nurses who are completing the reassessments of our current membership that are due in the month of October, should they choose "initial assessment" (given that this will be the member's initial UAS assessment) or "return assessment" (given that the member has had at least an initial SAAM previously)?

The first assessment in the UAS-NY should be recorded as the "routine assessment" since this represents the first assessment in the UAS-NY.

9. Our MLTC offers two products – PACE and Partial Capitation. If a member who is enrolled in our PACE chooses to switch to our Partial Capitation, are we required to conduct new assessment or can we just change the Program/Plan enrollment?

MLTC Plans must adhere to existing enrollment, disenrollment and transfer procedures. In this instance, the individual is considered to "transfer" from one product to another product. In these situations, the MLTC Plan must review the UAS-NY Community Assessment with the applicant and verify the information is unchanged.

- If there are no changes, the MLTC Plan will document this review by logging into the UAS-NY and signing the completed assessment as a "reviewer or consulting participant."
- If changes in patient condition are noted that would affect care planning and the delivery of services, the MLTC Plan will conduct a new UAS-NY Community Assessment.

For additional information concerning the UAS-NY, please contact the UAS-NY Support Desk at 518-408-1021 or via email at uasny@health.state.ny.us.

For additional information concerning the MLTC policy, please email